



Riverbank Therapy, PLLC
3876 Bridge Way N #202
Seattle, WA 98103
Ph: 206-681-7586 | Fax: 206-960-4024
admin@riverbanktherapy.com

GROUP CONSENT, POLICIES, AND AGREEMENT

All persons (excluding children under the age of 18) participating in psychoeducation or psychosocial support groups **MUST** read and sign this agreement. If you do not understand any part of this agreement, please ask any questions prior to signing the agreement. You may also receive a copy of this agreement, please ask the therapist/facilitator if you would like to have one.

Group Details

- Group: **“Toward Digital Wellness: For parents”**, support group
- Fridays from 11 am-12:30 pm (PST)
- Meets in person at 130 Nickerson Street, Suite 305
- April 26th to May 31st
- \$120 fee
- Attendance is encouraged for every group session to get the full value of the group

Scope of Practice

The additional group behavioral health services being provided are psycho-educational and emotionally supportive in nature. They do not involve the diagnosis of mental disorders as defined by the American Psychiatric Association. By enrolling you indicate an understanding that this group is not a substitute for counseling, psychotherapy, or substance abuse treatment and that you will not use it in place of any form of diagnosis. If you are in need of a referral for psychotherapy or counseling, Riverbank Therapy will provide you with a list of resources and referrals.

I hereby grant my permission for Riverbank Therapy, to provide behavioral health supportive services in the form of a psychoeducational and psychosocial support group.

Behavioral Health Services - Psychosocial Support Group

Participating in the group process can result in numerous benefits, including improving interpersonal relationships and resolving the concerns that led you to seek group services. Working toward these benefits, however, requires active involvement, honesty and openness on your part. Moreover, while group is effective for many people and often leads to significant and lasting changes, there are some risks involved.

Many people report discomfort during groups as they begin to look at areas in their life that aren't working or not working as well as they would like them to. Sometimes undesirable feelings can emerge as one considers unpleasant, difficult or embarrassing subjects. The facilitator or group may suggest new and different ways of handling situations that may induce upsets for you.



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Attempting to resolve tensions between yourself and others may lead to changes that were not originally intended. Moreover, a decision that is positive for one person can be viewed quite negatively by another.

Change can happen quickly; but more often it can be slow, and even frustrating. For some people, problems may get worse before they get better. It is also possible that these behavioral health services do not work for you. Even so, many people find that group participation is worth the difficulty it may entail leading them to the intended results they are seeking.

Confidentiality

- Anything said between any two or more group members at any time is part of the group and is confidential. I understand that everything said in this group is confidential and not to be shared with anyone outside of the group, except as may be otherwise required by law.
- I agree to keep confidential the names of other members of the group and what is said in the group. As a member of this group, I agree to not disclose to anyone outside the group any information that may identify another group member. This includes, but is not limited to, names, physical descriptions, biological information, and specifics to the content of interactions with other group members.
- I agree to indemnify and hold Riverbank Therapy harmless for any loss or damages, including costs and attorney's fees, incurred by Riverbank Therapy as a result of my breach of another's confidentiality.
- Should a member of the group disclose in public or to someone outside the group that another member belongs to this group, this will be grounds for immediate dismissal from the group with no warnings or second chances and no refunds.

I also understand that anything said in the receipt of behavioral health services is confidential, except for the following limitations:

- Child abuse and/or neglect
- Vulnerable adult abuse or neglect
- Threats to harm oneself
- Threats regarding harm to another person
- A court subpoena, or
- My specific request, in writing, to disclose information regarding my participation in group behavioral health services.

* Please note that if you choose to send communications through text or email these communications are not protected and confidentiality cannot be assured.

Payment/Fees

The fee for this group is \$120 and must be paid in full prior to the first group session. If financial circumstances are a barrier to paying in full prior to the start of the group, please contact



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Riverbank Therapy to discuss alternative payment options. If you miss a group session, you will not be refunded for that group session. If less than 3 participants sign up for this group, it will be cancelled and all paid participants will be refunded in full. The group will have a maximum of 10 participants.

Emergencies

It is necessary that Riverbank Therapy has someone to contact on your behalf. **In case of an emergency who should we contact?**

Full Name: _____
Relationship: _____
Phone Number(s): _____

Please check here that you agree. Thank you.

I agree to allow Riverbank Therapy to contact my emergency contact on my behalf should an emergency arise. I understand that the facilitator is not available 24 hours a day and that in a crisis situation, I should call 911.

All participants, 18 years of age or older, are required to sign this agreement prior to attending a group.

Your signature on this agreement signifies that you have read, understood and are consenting to services provided by Riverbank Therapy.

By my signature below, I indicate that I have read carefully and understand the Group Consent, Policy and Agreements, and I agree to its terms and conditions. I have asked and had answered any questions I have concerning the Group, Consent, Policy and Agreements. I am aware signing the Agreement is required for my admission to the group. I am also aware that my refusal to sign this Agreement will exclude me from participating in the group.

Name of participant: _____
Participant email address: _____

Signature of participant: _____
Date: _____

Name of Riverbank Therapy Staff/Intern: Kelly Smith

Signature of Riverbank Staff/Intern: _____
Date: _____